

Attorney or Party Name, Address, Phone & Fax Nos.,
State Bar No. & Email

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Nexus Bankruptcy
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- ☐ Debtor(s) appearing without an attorney
☒ Attorney for Debtor(s)

**United States Bankruptcy Court
Central District of California - Santa Ana Division**

In re:
Anna Marie Jennings

CASE NO.:
CHAPTER: Chapter 7

**DECLARATION BY DEBTOR(S)
AS TO WHETHER INCOME WAS RECEIVED
FROM AN EMPLOYER WITHIN 60 DAYS OF THE PETITION
DATE**

[11 U.S.C. § 521(a)(1)(B)(iv)]

Debtor(s).

[No hearing required]

Debtor(s) provides the following declaration(s) as to whether income was received from an employer within 60 days of the Debtor(s) filing this bankruptcy case (Petition Date), as required by 11 U.S.C. § 521(a)(1)(B)(iv):

Declaration of Debtor 1

1. ☒ I am Debtor 1 in this case, and I declare under penalty of perjury that the following information is true and correct:

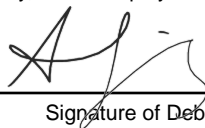
During the 60-day period before the Petition Date (**Check only ONE box below**):

- ☒ **I was paid by an employer.** Attached are copies of all statements of earnings, pay stubs, or other proof of employment income I received from my employer during this 60-day period. *(If the Debtor's social security number or bank account is on a pay stub or other proof of income, the Debtor must cross out (redact) the number(s) before filing this declaration.)*
- ☐ **I was not paid by an employer** because I was either self-employed only, or not employed.

Date: 10/04/2024

Anna Marie Jennings

Printed name of Debtor 1


Signature of Debtor 1

Declaration of Debtor 2 (Joint Debtor) (if applicable)

2. ☐ I am Debtor 2 in this case, and I declare under penalty of perjury that the following information is true and correct:

During the 60-day period before the Petition Date (**Check only ONE box below**):

- ☐ **I was paid by an employer.** Attached are copies of all statements of earnings, pay stubs, or other proof of employment income I received from my employer during this 60-day period. *(If the Debtor's social security number or bank account is on a pay stub or other proof of income, the Debtor must cross out (redact) the number(s) before filing this declaration.)*
- ☐ **I was not paid by an employer** because I was either self-employed only, or not employed.

Date: _____

Printed name of Debtor 2

Signature of Debtor 2

COUNTY OF ORANGE
PAYROLL CERTIFICATE
 Andrew N. Hamilton, CPA
 County Auditor-Controller



Employee Name:	ANNA M JENNINGS		
Employee ID:	094768		
Fed Tax Status:	00 S		
State Tax Status:	00 S		
Agency:	Unit:	Pay Loc:	
031	4360	031013	
Payment Advice/Check #:	202400000004222	Type:	REGULAR
Issue Date:	9/26/2024		
Pay Period(#):	20		
Begin - Ending Date:	9/6/2024-9/19/2024		

Current Pay Period		Year-to-Date	
Total Gross Pay(Pay Elements):	\$492.00	YTD Gross:	\$5,982.70
Total Deductions:	\$44.03	YTD Taxable Gross:	\$5,725.66
Net Pay:	\$447.97		

Pay Elements:	Rate	Hours(Hrs:Min)	Amount	Year to Date
EXTRA HELP P	\$30.7500	16:00	\$492.00	
Deductions:				
3121 EH RET			\$36.90	\$257.04
FEDERAL TAX			\$0.00	\$648.10
MEDICARE-EE			\$7.13	\$86.75
STTAX WHELD			\$0.00	\$216.22

Reimbursable Expenses:

Leave Category	Curr. Bal(Hrs:Min)
SICK LEAVE	6:03

Earnings Statement

California Fine Wine & Spirits LLC
6600 Rockledge Drive
Bethesda, MD 20817

Employee ID 59994
Page 001 of 001
Period Beginning: 08/26/2024
Period Ending: 09/08/2024
Advice Date: 09/13/2024
Advice Number: 0010732750
Batch Number: SCZ7YPYUN2T6

Jennings, Anna
1912 E Mount Vernon Ave
Orange, CA 92897

For inquiries on this statement please call: 301-547-0015

Total Hours Worked: 42.64
Basis of Pay: Hourly
Pay Rate: 17.50

Earnings	Rate	Hours	This Period	Year-to-Date
Minor Bonus			29.30	29.30
Holiday Work	26.2500	5.00	131.25	131.25
REG	17.5000	37.64	658.71	658.71
Gross Pay			819.26	819.26

Taxes

CA SDI - CASDI		9.01	9.01
OASDI		50.79	50.79
Medicare		11.88	11.88
Federal Withholding		25.77	25.77
State Tax - CA		2.99	2.99
Total Taxes		100.44	100.44
Net Pay		718.82	718.82

Other Benefits and

Information	This Period	Year-to-Date
PTO	Accrued	Taken Balance
PTO (Shell)	0.00	0.00 0.00
Paid Sick Time (Shell)		
	1.67-	0.00 1.41

Direct Deposits

Checking XXXXXXXX3106 718.82

Your Federal taxable wages for this period are: \$819.26

*Excluded from taxable wages

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California Fine Wine & Spirits LLC
6600 Rockledge Drive
Bethesda, MD 20817

Advice Number: 0010732750

Advice Date: 09/13/2024

Deposited to the account of	Account Number	Transit	ABA	Amount
Jennings, Anna	XXXXXXXX3106	12102211		\$718.82

THIS IS NOT A CHECK

Earnings Statement

California Fine Wine & Spirits LLC
6600 Rockledge Drive
Bethesda, MD 20817

Employee ID 59994
Page 001 of 001
Period Beginning: 09/09/2024
Period Ending: 09/22/2024
Advice Date: 09/27/2024
Advice Number: 0010745880
Batch Number: SCT6RRRD6IYP

Jennings, Anna
1912 E Mount Vernon Ave
Orange, CA 92897

For inquiries on this statement please call: 301-547-0015

Total Hours Worked: 30.17
Basis of Pay: Hourly
Pay Rate: 17.50

Earnings	Rate	Hours	This Period	Year-to-Date
Minor Bonus			30.20	59.50
REG	17.5000	30.17	527.98	1186.69
Holiday Work			0.00	131.25
Gross Pay			558.18	1377.44

Taxes

Medicare		8.09	19.97
OASDI		34.61	85.40
CA SDI - CASDI		6.14	15.15
Federal Withholding		0.00	25.77
State Tax - CA		0.00	2.99
Total Taxes		48.84	149.28
Net Pay		509.34	1228.16

Other Benefits and

Information	This Period	Year-to-Date
PTO	Accrued	Taken Balance
PTO (Shell)	0.00	0.00 0.00
Paid Sick Time (Shell)		
	3.00	0.00 2.41

Direct Deposits

Checking XXXXXXXX3106 509.34

Your Federal taxable wages for this period are: \$558.18

*Excluded from taxable wages

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California Fine Wine & Spirits LLC
6600 Rockledge Drive
Bethesda, MD 20817

Advice Number: 0010745880

Advice Date: 09/27/2024

Deposited to the account of	Account Number	Transit	ABA	Amount
Jennings, Anna	XXXXXXXX3106	121202211		\$509.34

THIS IS NOT A CHECK